

CLAIMS ONLY

Application Number

10/664,639

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED 6-30-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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13						
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46						
47						
48						
49						
50						
Total Indep						
Total Depend						
Total Claims						

	6-30-06					
	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
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55						
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58						
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85	/	/				
86		/				
87		/				
88		/				
89		/				
90	/	/				
91		/				
92		/				
93		/				
94		/				
95	/	/				
96		/				
97		/				
98		/				
99		/				
100						
Total Indep						
Total Depend						
Total Claims						

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/664639 FILING DATE _____
APPLICANT(S) _____

6-30-06

CLAIMS

1 cont

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							151						
102							152						
103							153						
104							154						
105							155						
106							156						
107							157						
108							158						
109							159						
110							160						
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143							193						
144							194						
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147							197						
148							198						
149							199						
150							200						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	12	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	15						TOTAL CLAIMS						